

STATE OF MICHIGAN PROBATE COURT COUNTY	MOTION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH	FILE NO.
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In the matter of _____ DOB: _____
Full name of child

MOTION

1. On _____ at _____ my spouse and I adopted
Date Place
 the above named child. A copy of the adoption order is attached.

☐ A copy of the child's birth certificate is attached.

☐ 2. The date and place of birth of the adoptee cannot be determined.

☐ 3. The recorded date of birth of the adoptee differs from the date of birth determined by a medical assessment of the adoptee.
 A copy of the assessment is attached.

I REQUEST:

☐ 4. The court to file with the Michigan Department of Community Health the attached delayed registration of foreign birth established by court order.

☐ 5. The court to determine the date and place of birth of the adoptee.

Date

Date

Signature of petitioner mother

Signature of petitioner father

Name of petitioner (type or print)

Name of petitioner (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

ORDER
IT IS ORDERED:

6. The motion is granted and the probate court shall cause the delayed registration of foreign birth established by court order to be filed with the Michigan Department of Community Health.

☐ 7. The date of birth of the child is determined to be _____.

☐ 8. The place of birth of the child is determined to be _____.

Date

Judge

Bar no.

Do not write below this line - For court use only